

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000034627

Entity Name: INDIGO MARKETING, INC.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2 BRANFORD LN.  
HILTON HEAD, SC 29926

## **New Principal Place of Business:**

## **Current Mailing Address:**

1101 MIRANDA LANE  
KISSIMMEE, FL 347410769 US

## **New Mailing Address:**

2 BRANFORD LN.  
HILTON HEAD, SC 29926

FEI Number: 57-1119307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SWART BAUMRUK & COMPANY LLP  
1101 MIRANDA LANE  
KISSIMMEE, FL 34741 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BONIFACE, DARREN J  
Address: 2 BRANFORD LANE  
City-St-Zip: HILTON HEAD, SC 29926

Title: DVPS  
Name: BONIFACE, MICHELLE L  
Address: 2 BRANFORD LANE  
City-St-Zip: HILTON HEAD, SC 29926

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARREN BONIFACE

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date